U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 8832

3. Name and address of person filing.

Name DANIEL & FISHER

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/61/04 Through: (2/31/04

Name IUPAT DISTRICT COUNCIL 57

4. Name, file number, and address of labor organization.

	Labor Organization File Number 340940
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1003 MARTIN RD	Street 101 EWING RD
City TARENTUM.	City CARNEGIE
State PA ZIP Code +4 15084	State PA ZIP Code + 4 15/66
Enter appropriate data below If, during the past fiscal year, you or your spo	
(except as specified in the exci A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second secon	ring documents), has been examined by the signatory and is, to the best of the
orm LM-30 (2003)	Page 1 of 2

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name TOINT APPRENTICESHIP TRAINING FUND Trade Name, if any: GLAZICY P.O. Box, Bldg., Room No., if any Street 1750 NGW YORK AVE. N.W. City WASHING TON State DC ZIP Code +4 20006 5301	a. Labor Organization b. Trust c. Employer
10, If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	INSTRUCTOR COODINATOR SEMINAR 6/17/04-25/2004 TRAVEL-1ES 153,00 6/20-25/2004 LODGING & MEALS 832,36 6/24/2004 GRADUATION BANQUET 43,49
	12.b. Amount. \$10.38.79
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	

13.b. (s the Business an Employer

14.b. Amount of payment.

or Consultant ?